



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Jack P. Mitchell, DC

Respondent Name

Service Lloyds Insurance Company

MFDR Tracking Number

M4-14-1967-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

March 4, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "DOS 11/27/2013, code 99456-WP-MI (1) represents disability exam with multiple impairments. Pursuant to DWC Rule 127.10 (d), when the extent of the injury may not be agreed upon by the parties, the designated doctor shall provide multiple certifications of MMI and Impairment rating from which to pay benefits as required the ACT. Since the extent of injury was part of the designated doctor evaluation, it is reasonable to have multiple impairments indicated on separate Report of Medical Evaluations taking into account various combinations of diagnosis. This was performed as requested.

The DWC-32, Box C clearly indicated extent of various diagnosis that was taken into account for the various interpretations reflected by multiple impairments requiring a total of (1) additional. Report of Medical Evaluation on a DWC Form 69."

Amount in Dispute: \$50.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on March 12, 2014. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

Response Submitted by: NA

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 27, 2013	Designated Doctor Exam to Assess Multiple Impairment Ratings	\$50.00	\$50.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204(j) defines how designated doctor examinations should be billed and reimbursed.
3. 28 Texas Administrative Code §127.10 (d) and (h) address the procedures involving a designated doctor's examination simultaneous request for Maximum Medical Improvement, Impairment Rating, and Extent of Injury.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 125 – Denial/Reduction due to submission/billing error
 - 4 – Required Modifier Missing or Inconsistent w/ procedure
 - Note – If the patient is not at MMI no IR should be assigned

Issues

1. Are the required modifiers missing or inconsistent with the procedure being billed?
2. Is the requestor entitled to reimbursement for multiple findings of Maximum Medical Improvement and Impairment Rating?

Findings

1. Per 28 Texas Administrative Code §134.204(j)(4)(B), "When multiple IRs are required as a component of a designated doctor examination under §130.6 of this title (relating to Designated Doctor Examinations for Maximum Medical Improvement and/or Impairment Ratings), the designated doctor shall bill for the number of body areas rated and be reimbursed \$50 for each additional IR calculation. **Modifier 'MI' shall be added to the MMI evaluation CPT code.**" The requestor correctly billed using modifier "MI."

Per 28 Texas Administrative Code §134.204(j)(4)(C)(iii), "If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code **with modifier 'WP.'** Reimbursement shall be 100 percent of the total MAR." The requestor correctly billed using modifier "WP."

2. Per 28 Texas Administrative Code §127.10 (d), "If a designated doctor is simultaneously requested to address maximum medical improvement (MMI) and/or impairment rating and the extent of the compensable injury in a single examination, the designated doctor **shall provide multiple certifications** of MMI and impairment ratings that take into account each possible outcome for the extent of the injury...who determines the injured employee has not reached MMI, **shall complete and file a report**...If the designated doctor provided multiple certifications of MMI and impairment ratings, the designated **doctor must file a Report of Medical Evaluation under §130.1(d) of this title for each impairment rating assigned**" [emphasis added]. The designated doctor was simultaneously requested to address Maximum Medical Improvement, Impairment Rating, and Extent of Injury. Therefore, he was obligated to provide multiple certifications of Maximum Medical Improvement and Impairment Rating to account for each possible outcome of Extent of Injury. The doctor's assessment that each possible outcome resulted in a finding that the injured employee was not at Maximum Medical Improvement does not change the doctor's obligation to provide each assessment.

Per 28 Texas Administrative Code §127.10 (h), "If the designated doctor provides multiple certifications of MMI/impairment ratings under subsection (d) of this section because the designated doctor was also ordered to address the extent of the injured employee's compensable injury, the insurance carrier shall pay benefits based on the conditions to which the designated doctor determines the compensable injury extends." Because the designated doctor was obligated to provide multiple findings of Maximum Medical Improvement, the requestor is entitled to reimbursement for the findings.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$50.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$50.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	<u>Laurie Garnes</u>	<u>December 12, 2014</u>
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.